

MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875).

SERIAL NO.

APPLICANT(S)

FILING DATE

CLAIMS

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/		/	
2	/		/		/	
3	2		2		2	
4	2		2		2	
5	2		2		2	
6	2		2		2	
7	2		2		2	
8	1		1		1	
9	0		0		1	
10	0		0		1	
11	0		0		1	
12	0		0		1	
13	0		0		1	
14	0		0		1	
15	0		0		1	
16	0		0		1	
17					1	
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TOTAL IND.	2		2		2	
TOTAL DEP.	19		19		19	
TOTAL CLAIMS	19		19		19	

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						